

HOUSING RELATED SUPPORT FOR OLDER PEOPLE

To: **Cabinet**

Date: **18th December 2012**

From: **Adrian Loades, Executive Director, Children and Young People's Services and Adult Social Care**

Electoral division(s): **All**

Forward Plan ref: **2012/056**

Key decision: **No longer considered a key decision**

Purpose: **To outline the case for the approval of contract exemptions for a range of contracts providing housing related support for older people.**

Recommendation: **To approve contract exemptions for nine months to 31st December 2013 for contracts with support providers (as listed in appendix 1) to enable further consultation to be carried out prior to tendering.**

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1. BACKGROUND

- 1.1 The Transformation Strategy for Adult Social Care acknowledged the significant challenges to 'transform' its operations. These were:
- Citizens regardless of their eligibility for funding, want to experience independence, wellbeing and dignity through greater control over their care and support and getting the right services at the right time rather than relying on intervention at the point of crisis.
 - Demographics: People are living longer and communities are becoming more diverse. In the next 20 years, the number of people over 85 in England will double¹, and across the entire adult population, over 1.7 million more people will need care and support².
 - Localism: The County Council Research Group estimates have indicated that in Cambridgeshire these demographic patterns are likely to be similar or even have higher proportions of older people needing support. Therefore we need to prepare to be in a position to provide this support when it is needed. The way in which the support is provided locally needs to make use of all resources available e.g. third sector or local support networks. There have already been moves towards making best use of these e.g. the Community Navigator Project.
- 1.2 In the context of older people, housing related support (previously known as Supporting People) is a long-term support service provided in sheltered schemes which helps maintain people's capacity to live independently. While sheltered housing tenants benefit from living in a communal environment with access to support, older people living in the wider community are often isolated with more limited access to services.
- 1.3 The housing related support service in sheltered housing schemes is currently provided by 17 providers across the five districts (see table below). However, the service is only provided to about 5 per cent of older people i.e. those living in sheltered housing – the vast majority of older people (95 per cent) live in the wider community.
- 1.4 The total value of the contracts across the five districts is £1,447,568 per annum.

DISTRICT	NO. OF SCHEMES	NO. OF EXISTING HOUSING/SUPPORT PROVIDERS ³	APPROX NO. HOUSEHOLD UNITS	POPULATION 2011 65+ ⁴	ANNUAL VALUE (K)
Cambridge City	22	7	765	15,200	£238.9
East Cambs	30	2	861	14,600	£285.8
Fenland	24	6	699	19,000	£237.6
Hunts	33	8	1,040	27,200	£278.1
South Cambs	45	3	1,491	27,000	£437.2
Total	154		4,856	103,000	£1,477.6

¹ Government Actuary Department projections, 2007

² Personal Social Services Research Unit (PSSRU) projections. This estimate is for personal social services only – not the entire care and support system.

³ A provider may have services in more than one district, hence no total in this column.

⁴ From JSNA Older People published 2010.

- 1.5 The number of sheltered housing schemes and the type of support is not uniform across the districts, having generally evolved over time rather than being strategically commissioned.

2. RE-MODELLING OF THE SUPPORT SERVICE

- 2.1 It is proposed that the service is remodelled and will focus on enabling, helping people to develop or maintain their independence within their home or the community, linking with other services, for example the Community Navigator Project and the village warden services run by the voluntary sector. Its emphasis will be on promoting independence and avoid creating dependency by focussing on achieving outcomes. This means we will move away from a model based solely based within sheltered housing schemes to a more holistic support service for older people, irrespective of where they live. Examples of support activities will be:
- assessing people's support needs
 - providing advice and support to help people make informed decisions e.g. about potential housing options, other services available
 - providing advice about assistive technology aids which can improve people's comfort, security and enable them to better manage their long term health conditions
 - making links with relevant organisations in the local community
 - signposting people to other appropriate services.
- 2.2 The County Council has recently funded pilot projects in Cambridge City and Fenland both of which demonstrated that many older people who contacted the service needed one-off or short term interventions to enable them to continue to live independently (see Appendix 2). On this basis, while the potential demand for support is unquantifiable at this stage, the pilots indicate that it is possible to deliver the new service within existing resources. The support needs of tenants in sheltered housing will continue to be met, with older people in the wider community also having the option to access the service. The transition phase will be closely monitored.

3. CONSULTATION

- 3.1 Cabinet granted an exemption from council regulations for one year in December 2011 for these contracts, acknowledging that remodeling these services was a complex task.
- 3.2 During this time a project board has been established and an initial consultation exercise was carried out to ascertain how services in Cambridgeshire were helping people to maintain a healthy and independent life – what works well and what they thought was missing. Over 700 responses were received from older people. The pilot projects were also undertaken.
- 3.3 Recent advice received from Legal Services has recommended that further consultation is required as the proposed re-modelling represents a significant change to the current service provided (see para 6.3.2). The additional time will enable full consultation with stakeholders, partner agencies that work with older people in the wider community as well as with the wider public.

4. STRATEGIC LINKS

- 4.1 The Council's Prevention & Early Intervention Strategy makes reference to a report published by the Audit Commission⁵ which emphasised that with the growing numbers of older people, reducing public sector budgets and higher expectations, there was a need for the public sector to rethink its approach to service provision.

The report highlights the four main reasons for social care need as:

- Poor or inappropriate housing and environment
 - Health, mobility and rehabilitation problems
 - Lack or breakdown of informal care /stress on carers
 - Social reasons - loneliness, fear of crime, abuse.
- 4.2 Research undertaken by Cambridgeshire Older People's Reference Group, highlighted the importance of local knowledge and people's attitudes to seeking support to reduce the isolation of older and vulnerable people⁶. The same report identified a number of ways in which people could be more included in their local communities, for example promoting information to help people live independently, mobile wardens and good neighbour schemes. Care Network, Age UK and Parish Councils all currently play key roles in these schemes.
- 4.3 The Cambridgeshire Assistive Technology Strategy 2011-2014 stated that the benefits of Assistive Technology needs to be embedded within the thinking of all staff whether they be Care Managers, Occupational Therapists, Clinical Psychologists, Speech Therapists and others. It is likely that awareness training around assistive technology will be included in the specification of the new service/s.

5. ALIGNMENT WITH PRIORITIES AND WAYS OF WORKING

5.1 Supporting and protecting vulnerable people when they need it most

The following set out details of implications identified by officers:

- Those not currently in receipt that need the service will receive support in relation to their needs, without having to move home to receive the support.
- People assessed as needing the housing related support service will be enabled to maintain their independence.

The remodelled services will provide:

- a focus on prevention and early intervention
- holistic, responsive support systems for older people living in the community

⁵ Under Pressure: Tackling the financial challenge for councils of an ageing population, Audit Commission, February 2010.

⁶ Cambridgeshire Community Study; Unsung heroes in a changing climate, D Runnicles, 2010.

- tailored services to the different needs and expectations of those living in rural/urban situations.

5.2 Helping people live healthy and independent lives in their communities

- People will be enabled to live in their own homes as long as possible through the introduction of new services tailored to meet their individual needs
- services will be developed that are tenure neutral, targeted at older people who need support to enable them to remain living independently in the community
- the services will be more flexible.

5.3 Ways of Working

5.4 The following set out implications identified by officers for:

- *Being a genuinely local Council* – see particularly 2.1 and 4.2 above.
- *Making sure the right services are provided in the right way* – see particularly 3.2 - 3.3 above.
- *Investing in prevention* – all of these services described above
- *Working together* – see particularly 2.1 above.

6. SIGNIFICANT IMPLICATIONS

6.1 Resource and Performance Implications

The following set out details of significant implications identified by officers:

- The nine month extension to the current contracts will result in reduced efficiency savings for 2013/14. The additional cost is estimated at just under £100k. This one-off additional budget pressure will be managed within existing resources as a result of delayed start of a development.
- The eventual tendering of these services will assure best value.

6.2 Statutory, Risk and Legal Implications

6.3 In preparing this paper, the opinions of both the Corporate Procurement and Legal teams were sought, which are briefly outlined below.

6.3.1. As advised by LGSS Corporate Procurement, it is important to recognise that all of these contracts are classed as Part B Services, as per Section 25 of the Public Contracts Regulations 2006. However, whilst Part B services are not subject to the full rigor of all European Union (EU) Procurement Legislation as a public body the Council has an obligation to comply with EU Treaty principles and to act with fairness and transparency in procuring such services.

6.3.2 Advice from LGSS Legal Services is the earlier consultation exercise could be deemed to be an 'information gathering' exercise rather than a consultation. Carrying out a formal consultation would avert the possibility of a challenge. It would also present an opportunity to provide assurances about those services which will continue to be available and to explain the proposed transition measures.

6.4 Equality and Diversity Implications

The initial Community Impact Assessment was reviewed and revised to take account of the current thinking. It will be reviewed again as the project progresses to take account of the further consultation proposed with service users.

The following sets out details of significant implications identified by officers:

- Access to support will not be determined by housing tenure as is currently the case.

6.5 Engagement and Consultation

See sections 2.1, 3.0 and 6.3.2 above.

6.6 Public Health Implications

The following sets out details of significant implications identified by officers:

- Supports priority 2 of the Cambridgeshire Health & Wellbeing Strategy 2012-17 to 'support older people to be independent, safe and well'.
- Supports priority 3 'encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices'.

Source Documents	Location
Contract paperwork for all of the above services – this contains commercially sensitive business exempt information which is not to be disclosed to the public	Procurement (Adult Social Care and Supporting People), Room C207, Castle Court, Shire Hall, Cambridge.

Appendix 1

Accent Nene
Anchor Trust
Axiom Housing Association
Cambridge City Council
Cambridge Housing Society
Hanover
Housing 21
Luminus
Metropolitan
Minster
Muir
Park Lodge
Raglan Housing
Roddons
Sanctuary
South Cambs District Council
St Pancras & Humanist

Appendix 2

Case study from pilot in Cambridge City

Mr X is a leaseholder living in Cambridge, on his own in a one bedroom flat. His initial referral was due to a disability as he required help with bathing and his bed. He is an ex-service man. The assessment identified that he needed:

- rise and recline bed
- walk-in shower wet room
- help with his finances
- help to obtain furniture.

The support worker contacted The Royal British Legion and was successful in obtaining funding for a new medical bed and a walk-in shower room. A fairer charging assessment was also completed and he was referred to Sofa for new furniture.

Prior to this, Mr X had endured 4 years of trying to cope with his disabilities on his own and was not able to wash himself properly and this affected his self esteem. Subsequently Mr X has lost 4 stone in weight and is doing voluntary work for a local church and is keen to become a volunteer.

Case study from pilot in Fenland

Initial meeting with Mrs Y was to install a Lifeline as since the death of her husband she was frightened of the dark. Due to Mrs Y's past experience of domestic abuse she had no friends and the family were estranged.

After a discussion with Mrs Y, we agreed that a Lifeline was not needed as a night light would be better.

Mrs Y walked to town every day for something to do. Initially we discussed going to a day centre, but as she is in good health physically and mentally together we decided this could not be suitable. Mrs Y and I discussed volunteering to help her meet new

friends. A meeting was arranged with Age UK and after speaking with the manager, it was suggested that Mrs Y became a volunteer at their day centre.

2nd visit

Mrs Y although apprehensive agreed to visit the day centre, we went for an hour and she then agreed to go for a day's trial.

3rd visit

I visited the Day centre at lunch time and Mrs Y had settle in well and a CRB check was being completed for her to become an official volunteer.

4th visit

Mrs Y was a lot happier and had even been into a charity shop and put her name down to work once a week. She was also happier at night as she felt safer with her night light.

Outcome - Mrs Y now has a new lease of life and a good network of friends.